



**Canadian Centre
for
Emergency Preparedness**

**Business Continuity Plan
for**

Department/Business Unit Name

DM125845

Date Created: *mmm dd, yyyy*

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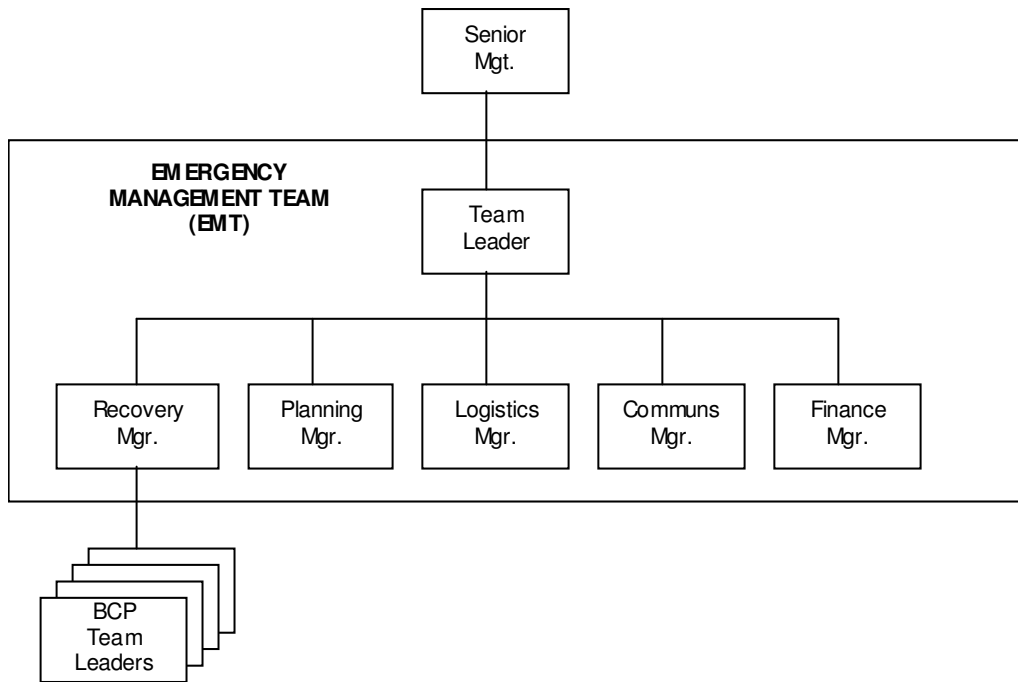
Table of Contents

Emergency Management Team.....	3
Emergency Operations Centre	4
Primary Site.....	4
Alternate Site	4
Scope and Objectives.....	5
Function 1 - <i>Business Function Name 1 (e.g. – Payroll)</i>	6
<i>Scenario 1 – description of scenario</i>	8
<i>Scenario 2 – description of scenario</i>	11
Function 2 - <i>Business Function Name 2</i>	12
Exercise Log	13
Document Revision History.....	14

Emergency Management Team

If a major incident/disaster occurs, the Emergency Management Team (EMT) will be convened and the situation assessed. It will be the responsibility of this team to decide whether or not to implement the individual department/business unit Business Continuity Plans. The format of the EMT is illustrated in the following diagram:

This Business Continuity Plan (BCP) will be activated by the BCP Team Leader, as identified in the plan, when he/she receives instructions from the Operations Manager on the Emergency Management Team (EMT).



When an emergency has been declared by the ERMT, the BCP Team Leader will report directly to the EMT Operations Manager for the duration of the emergency. All ad hoc requests for decisions, assistance with facilities, acquiring outside services, etc. will be directed by the BCP Team Leader to the EMT through the Operations Manager.

It will be the BCP Team Leader's responsibility to contact all team members or their alternates and ensure that they convene at the Emergency Operations Centre as defined in this plan.

The BCP Team Leader will be responsible for the successful implementation of this plan.

Emergency Operations Centre

Primary Site

Describe where the team will initially meet to review and plan their activities. Give the address and telephone number(s) of the location and detailed instructions on how to get there.

Alternate Site

In the event that the primary site for the EOC is unavailable, describe where the team will meet to review and plan their activities. Give the address and telephone number(s) of the location and detailed instructions on how to get there. If no alternate site has been previously established, indicate that the EMT Operations Manager will communicate this information at the time of a declared emergency.

Scope and Objectives

A description of the scope and objectives of this plan. State briefly the business functions covered by the plan and the objective of this plan for each function.

Function 1 - *Business Function Name 1 (e.g. – Payroll)*

Provide a brief description of the business function you are resuming/recovering

Function 1 - Business Continuity Plan (BCP) Team

Define the BCP Team for this function. For each team member provide the following information.

Responsibility: *Describe the responsibilities of this team member. (e.g. - Team Leader - responsible for co-ordinating all team activities and reporting status to the EMT.)*

Name: *The name of the team member*

Address: *If all telecommunications are out of service or tied up, it may be necessary to contact this team member in person by visiting their residence.*

Contacts: *List all possible contacts for this team member and clearly identify each. Include area codes.*

Office Tel: *Business telephone number and extension or just extension.*

Home Tel: *Home telephone - include area code).*

Cottage Tel: *Cottage or equivalent telephone - include area code).*

Cell Phone: *Cellular telephone - include area code).*

Pager No.: *Pager Number - include area code).*

Fax: *Fax number - include area code).*

E-Mail: *E-mail address).*

Add any other contact points that may be appropriate.

Alternate Name: *The name of the alternate or backup team member in the event that the primary member is unavailable.*

Address: *As for the primary member.*

Contacts: *As for the primary member.*

FUNCTION 1

Scenario 1 – description of scenario

Recovery Procedure

A brief description of the recovery procedure (refer to the wording in your strategy document). Describe the level of service being recovered (i.e. - full service, basic service, shutdown of operations, etc.)

Recovery Time Objective (RTO)

RTO is defined as the maximum acceptable length of time that can elapse before the lack of a business function severely impacts the business entity. State your Recovery Time Objective for this function and the level of service to be attained within the RTO. You may have multiple levels of service and RTO's. (e.g. - 50% resumption of service within 4 hrs, 80% within 8 hrs, 100% within 2 days)

Recovery Location

Describe the location where the business resumption/recovery procedures will take place. Give address, telephone number and detailed directions on how to get there. If this activity is to take place in a pre-arranged area of a common location, specify where this area is.

Dependencies

Describe dependencies this recovery process has on other departments or business units. (e.g. - you may require access to special facilities controlled by another department; you may require a list of suppliers from IT; you may be dependent on an updated employee telephone list being deposited by human resources at the EOC each month.)

Other Considerations

If applicable, describe any other factors that should be taken into consideration or that might affect the recovery process. (e.g. - this process could involve a huge financial outlay - this might require pre-approval.)

Recovery Steps - Summary

Provide a simple list (i.e. - one line per step) of the steps involved in this procedure. For example - see the following:

- Step 1 - Contact backup site and arrange delivery of backup tape.*
- Step 2 - Contact printer for emergency supply of preprinted invoices.*
- Step 3 - Contact employees to meet at EOC*
- Step 4 - Arrange for delivery of laptop from computer retailer.*
- Etc.*

Recovery Steps - Detail

For each step listed in the summary list, you will now provide all the details necessary to carry out that step. Start each step on a new page and provide all of the applicable information as outlined on below:

FUNCTION 1

Scenario 1 – description of scenario

On the top of each page repeat the business function name and scenario description.

Step Step number - Step description from the step summary list

More narrative that might further clarify or describe the step.

Responsibility:

State the BCP Team Member who will be responsible for ensuring that this step is completed successfully.

Date Completed _____ Initials: _____

When this task is complete, fill in the date completed and the initials of the BCP team member responsible for this task.

Vital Records:

For each vital record required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the vital record required in this step.</i>	<i>A description of the location where this record can be found. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

Equipment/Office Supplies:

For each piece of equipment or office supply required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the piece of equipment or office supply required in this step. If a purchase is required by a team member, method of payment should be specified.</i>	<i>A description of the location where this item can be found or acquired.. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

Facilities:

For each facility required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the facility required in this step. (e.g. Meeting room for 5 people)</i>	<i>A description of the location where this facility can be found. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

People/Services:

For each person (other than team members) or service required in this step, make an entry in the following table:

Description	Function	Contact
<i>A description of the person or service required. For people, state the job title or skills that the person should have. The number of people required in this classification.</i>	<i>A description of the function or type of work this person/persons will be performing or the purpose of this service..</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info. (E.g. - you might be contacting a temporary personnel agency.)</i>

FUNCTION 1

Scenario 2 – description of scenario

Recovery Procedure

Repeat recovery procedure, RTO, Recovery Location, etc. for each subsequent scenario associated with this function.

Function 2 - *Business Function Name 2*

Repeat all the previous sections for each business function covered in this plan.

Exercise Log

This section logs the date, type of exercise and any pertinent comments each time the plan is exercised..

Date	Type of Exercise	Comments

Document Revision History

On the last page of the plan, you will track of all revisions made to this document in the following table. Make an entry when the plan is first created and put in “Plan Created” in the Revision column. Keep the title page of the plan updated as well with the creation date and last revision date.

Date	Author	Revision